

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u> </u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>KENNETH E NICKELS</u> P.O. Box, Bldg., Room No., if any <u>SUITE 500</u> Street <u>1101 CONNECTICUT AVE, N.W.</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20036</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL POSTAL MAIL HANDLERS UNION</u> Labor Organization File Number <u>000-505</u> P.O. Box, Building and Room Number, if any <u>SUITE 500</u> Street <u>1101 CONNECTICUT AVE, N.W.</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>EXECUTIVE DIRECTOR, THE MAIL HANDLERS BENEFIT PLAN</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u> </u> Trade Name, if any: <u> </u> P.O. Box, Bldg., Room No., if any <u> </u> Street <u> </u> City <u> </u> State <u> </u> ZIP Code + 4 <u> </u>	7.a. Nature of Interest, Transaction, or Income. <u> </u> 7.b. Amount. <u> </u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kenneth E Nickels

On

9 AUG 2005

Date

202-833-9095

Telephone Number

Name of Person Filing **KENNETH E. NICKELS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FIRST HEALTH**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **3200 HIGHLAND AVE**
City **DOWNERS GROVE**
State **IL** ZIP Code + 4 **60515**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

**FIRST HEALTH ADMINISTERS THE
UNION-SPONSORED HEALTH PLAN**

11.b. Approximate dollar value of such dealing.

OVER \$2 BILLION

12.a. Nature of interest held or income received.

**SEMI ANNUAL MEETING OF LOCAL UNIONS
3/20 - 23/04
ATTENDED 2 DINNERS, AMOUNT UNKNOWN, EST.
50-70 TOTAL**

12.b. Amount.

ESTIMATE

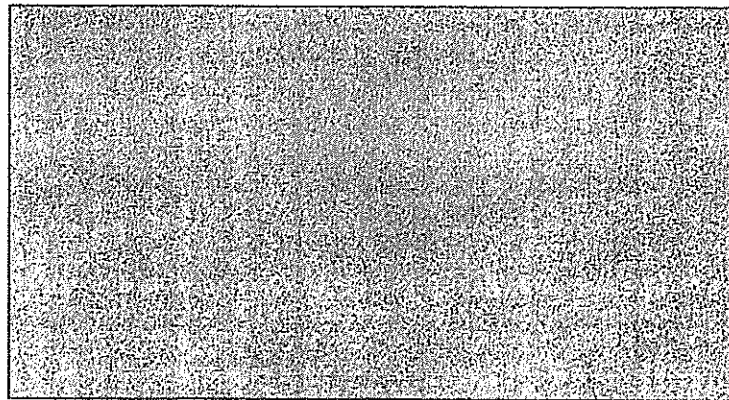
50-70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.



13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

50-70

Name of Person Filing KENNETH E. NICKELS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FIRST HEALTH**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **3200 HIGHLAND AVE**
City **DOWNERS GROVE**
State **IL** ZIP Code + 4 **60515**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

FIRST HEALTH ADMINISTERS THE UNION-SPONSORED HEALTH PLAN

11.b. Approximate dollar value of such dealing.

OVER \$2 BILLION

12.a. Nature of interest held or income received.

**LUNCH MEETING
MAY 2004
ATTENDED 1 LUNCH MEETING, AMOUNT UNKNOWN,
EST. 25-35.**

12.b. Amount.

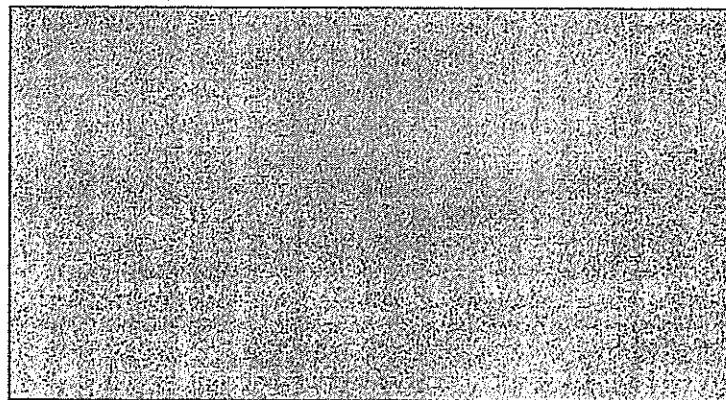
ESTIMATE 25-35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.



13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **KENNETH E. NICKELS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FIRST HEALTH**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3200 HIGHLAND AVE**City **DOWNERS GROVE**State **IL** ZIP Code + 4 **60515**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

**FIRST HEALTH ADMINISTERS THE
UNION-SPONSORED HEALTH PLAN**

11.b. Approximate dollar value of such dealing.

OVER \$2 BILLION

12.a. Nature of interest held or income received.

**OPEN SEASON SEMINAR
10/6-10/04 SELF & SPOUSE
ATTENDED 3 DINNERS, AMOUNT UNKNOWN, EST 80-100 TOTAL;
4 NIGHTS LODGING, AMT. UNK, EST 600-800 TOTAL;
ATTENDED 4 RECREATIONAL ACTIVITIES, AMT. UNK, EST 200-
240 TOTAL; GIFTS - 2 BRANDED CORPORATE JACKETS,
AMT. UNK, EST 60-100 TOTAL; GROUND TRANSPORT
FROM AIRPORT, AMT. UNK, EST 25-35**

12.b. Amount.

ESTIMATE**968-1275**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

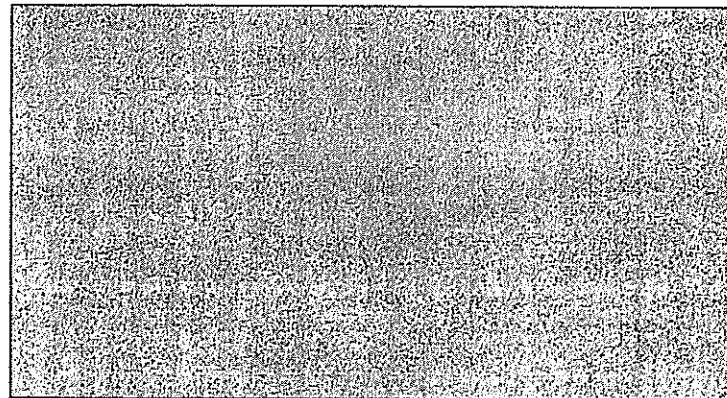
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

KENNETH E. NICKELS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name COVENTRY HEALTH CARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 607 ROCKLEDGE DRIVE

City BETHESDA

State MD ZIP Code + 4 20817-1850

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

COVENTRY HEALTH CARE MERGED WITH
FIRST HEALTH IN JANUARY 2005,
FIRST HEALTH ADMINISTERS THE UNION-
SPONSORED HEALTH PLAN

11.b. Approximate dollar value of such dealing OVER \$2 BILLION AS

12.a. Nature of interest held or income received.

FIRST HEALTH

LUNCH MEETING
OCTOBER 2004
ATTENDED 1 LUNCH MEETING, AMOUNT
UNKNOWN, EST. 25-35

12.b. Amount.

ESTIMATE

25-35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

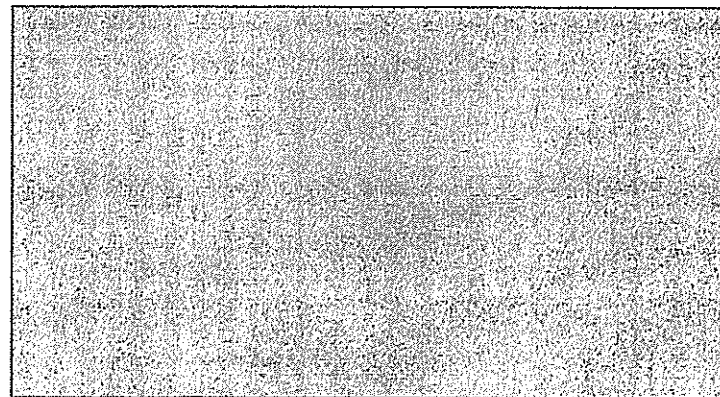
P.O. Box, Bldg., Room No., if any

Street

City

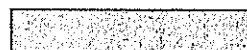
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.



Name of Person Filing

KENNETH E. NICKELS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name FIRST HEALTH

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 HIGHLAND AVE

City DOWNERS GROVE

State IL ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

FIRST HEALTH ADMINISTERS THE
UNION-SPONSORED HEALTH PLAN

11.b. Approximate dollar value of such dealing.

OVER \$2 BILLION

12.a. Nature of interest held or income received.

DECEMBER 2004
FRUIT & SNACK GIFT ASSIGNMENT,
AMOUNT UNKNOWN, EST. 35-50

12.b. Amount.

ESTIMATE 35-50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

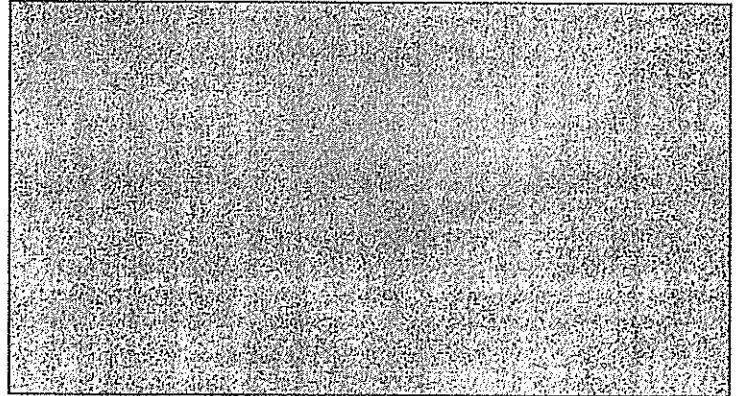
Street

City

State ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.



14.b. Amount of payment.

